



**GEORGIA MEDICAID FEE-FOR-SERVICE
METHOTREXATE PRODUCTS PA SUMMARY**

Preferred	Non-Preferred
Methotrexate generic (oral, injectable)	Otrexup (methotrexate auto-injector) Rasuvo (methotrexate auto-injector)

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years or older with rheumatoid arthritis or psoriasis in members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to non-steroidal agents and methotrexate
- ❖ Approvable for member 2 to 17 years of age with polyarticular juvenile idiopathic arthritis (pJIA) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to methotrexate
- ❖ For all indications, member must be unable to receive generic injectable methotrexate administered in a physician's office due to transportation difficulties.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.